

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000000074

Entity Name: PLANVISTA SOLUTIONS, INC.

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

419 EAST MAIN STREET
MIDDLETOWN, NY 10940

New Principal Place of Business:

Current Mailing Address:

C/O PROXYMED, INC. - LEGAL DEPARTMENT
1854 SHACKLEFORD COURT, STE 200
NORCROSS, GA 30093

New Mailing Address:

FEI Number: 14-1766574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SYLVIA M. WHITE, AUTHORIZED REPRESENTATIVE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LETTKO, JOHN G
Address: 1854 SHACKLEFORD COURT # 200
City-St-Zip: NORCROSS, GA 30093

Title: CFO () Delete
Name: O'DOWD, DOUGLAS
Address: 4010 W BOY SCOUT BLVD. #200
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: OLES, DAVID E
Address: 1854 SHACKLEFORD COURT # 200
City-St-Zip: NORCROSS, GA 30093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BY: M.A. AREIZA AS ATTORNEY-IN-FACT

D

10/11/2006

Electronic Signature of Signing Officer or Director

Date